STATEMENT OF **ORGANIZATION**

RECEIVED

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NAME OF COMMITTEE (in full)		(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
CONNECT	ΓΙ Ċ ŲΤ	DEMOCRATION	C EXECUTIVE E	BOARD	
ADDRESS (number and street)		P. O. BOX 61	3162		
(Check if address is changed)		NORTH MIAN	/I	FL	33261
			СПУ	STATE	ZIP CODE
COMMITTEE'S E-MA	VIL ADDRES	S (Please provide only one e	-mail address)		
(Check if	address	USDemocrat	icExecutiveBoar	ds@hotr	nail.com
is change			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
COMMITTEE'S WEE	PAGE ADD	PRESS (URL)			
(Check if is change					
		<u> </u>			
2. DATE Ä	_	" ' Ž0'1Ž			
4. IS THIS STATE	MENT 🔀	NEW (N) OR	AMENDED (A)		
I certify that I have	examined th	is Statement and to the bes	t of my knowledge and belief it	is true, correct	and complete.
Type or Print Name	of Treasurer	DAVID EINS	STEIN		
Signature of Treasurer Date 11" 09" 201					
NOTE: Submission of		•	emagnsubject the person signing to ION SHOULD BE REPORTED W		the penalties of 2 U.S.C. §437g.
Office Use			For further Information of Federal Election Commission Toff Free 800-424-9530		FEC FORM 1 (Revised 02/2009)